

01- R-0433

Entered - 02/09/01 - sb  
CL01L0114 - ALEXIS HOLMES


CLAIM OF: **CHARLES E. SHELTON**  
**687 Memorial Drive**  
**Atlanta, Georgia 30316**

For damages alleged to have been sustained as a result of  
a City vehicle destroying an advertisement sign on  
December 22, 2000 at 687 Memorial Drive.

BY PUBLIC SAFETY AND  
LEGAL ADMINISTRATION COMMITTEE:

**BE IT RESOLVED** by the Council of the City of Atlanta  
that the action of the Department of Law be approved in  
authorizing payment to **CHARLES E. SHELTON** the  
sum of **\$2,000.00** in full settlement and satisfaction of all  
claims, past, present and future, of every kind and  
character for damages alleged to have been sustained as a  
result of a City vehicle destroying an advertisement sign  
on December 22, 2000 at 687 Memorial Drive as is more  
particularly set forth in the within claim; said sum taken  
from and charged to account 1A01/529017/T31001,  
Settlement of Suits and Claims, Department of Law.

APPROVED: **SUSAN PEASE LANGFORD**  
CITY ATTORNEY

BY:   
**ROSALIND RUBENS NEWELL**  
DEPUTY CITY ATTORNEY

## DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0114

Date: 3/01/01

Claimant /Victim CHARLES E. SHELTON  
BY: (Atty) (Ins. Co.) \_\_\_\_\_  
Address: 687 Memorial Drive, Atlanta, Georgia 30316  
Subrogation: \_\_\_\_\_ Claim for Property damage \$ 3,780.00 Bodily Injury \$ \_\_\_\_\_  
Date of Notice: 5/26/98 Method: Written, proper X Improper \_\_\_\_\_  
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X  
Date of Occurrence 11/27/97 Place: Sylvan Road and Astor Avenue  
Department Public Works Division: Highway and Streets  
Employee involved Erma Kincaid Disciplinary Action: None Taken

NATURE OF CLAIM: The claimant sustained damage to his property when a City worker driving an oversized City vehicle came onto his private property and damaged the advertisement sign at his place of business.

### INVESTIGATION:

Statements: City employee X Claimant X Others \_\_\_\_\_ Written X Oral X  
Pictures \_\_\_\_\_ Diagrams \_\_\_\_\_ Reports: Police X Dept Report X Other \_\_\_\_\_  
Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_  
Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

### BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial \_\_\_\_\_  
Improper Notice \_\_\_\_\_ More than Six Months \_\_\_\_\_ Other \_\_\_\_\_ Damages reasonable X  
City not involved \_\_\_\_\_ Offer rejected \_\_\_\_\_ Compromise settlement X  
Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_  
Claimant Negligent \_\_\_\_\_ City Negligent X Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,

  
INVESTIGATOR - ALEXIS HOLMES

### RECOMMENDATION:

Pay \$ 2,000.00 Adverse \_\_\_\_\_ Account charged: 1A01 X 2J01 \_\_\_\_\_ 2H01 \_\_\_\_\_  
Claims Manager: \_\_\_\_\_ Concur/date \_\_\_\_\_  
Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

COUNCIL OF THE CITY OF ATLANTA  
MUNICIPAL CLERK  
City Hall  
55 Trinity Avenue, S.W.  
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 1/26/2001

Dear Municipal Clerk:

ENTERED - 2-9-01 - SB  
01L0114 - ALEXIS HOLMES

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 3,780.00 property and/or \$ \_\_\_\_\_ bodily injury for which I contend the City is liable.

1. Date of incident: 12/22/2000 2. Time of Incident: 11:53 3. Police called: ☒ Yes ☐ No  
(month/day/year)

4. Location of incident (including street address): 687 Memorial Dr

5. Name of your insurance company: \_\_\_\_\_ Policy No. \_\_\_\_\_

6. State what and how incident occurred: Truck turning around in parking lot hit sign

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: \_\_\_\_\_  
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: \_\_\_\_\_  
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: \_\_\_\_\_  
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Charles E Shelton  
Signature of Claimant

Charles E Shelton  
(Print Claimant's Name)

687 Memorial Dr  
(Address)

Atlanta Ga 30316  
(City, State and Zip Code)

4/523-5495 7/987-9706  
(Work Number) (Home Number)

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